

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/584355</b>		FILING DATE				
APPLICANT(S)													
CLAIMS													
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		1		1									
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TOTAL IND.	1	↓	1	↓	0	↓							
TOTAL DEP.	46	←	14	←	0	←							
TOTAL CLAIMS	47		15		0								
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100													
TOTAL IND.	0	↓	0	↓	0	↓							
TOTAL DEP.	0	←	0	←	0	←							
TOTAL CLAIMS	0		0		0								